MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

LENGTH OF RESIDENCE IN CITY OR TOWN-PHEBLORIES OCCURRED. 2. FULL NAME 2. FULL NAME 3. FOR PAYSON ATIONS 3. HOW LONG IN STATE WHEN DEATH OCURRED. 4. COLOR OR RACE 3. SINCLE MARIED. WITH OF NON-RESIDENCE OF TOWN AND STATESTICAL PARTICULARS MARD. GIVEN OR RESIDENCE OF RESIDEN	. PLACE OF DEATH		Board of Health	STATE SUC NO	C) #
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